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Jonathan E. Jobe
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June 7, 2006

Phone: 619-379-1172
US PATENT & TRADEMARK OFFICE
Fax: 530-550-8920

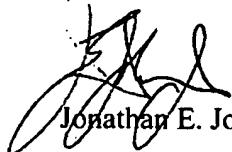
Mail Stop 16
Director of the US Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Re: Request for Refund
Patent Application Serial No. 10/823,386
My File: 022273-000400US

Dear Sirs:

On April 11, 2006, I filed a Supplemental Amendment in the above-identified application along with Credit Card Payment Form authorizing a payment in the amount of \$225.00. Copies of the Credit Card Payment Form and the Fee Transmittal are enclosed. On April 13, 2006, the Examiner allowed the application without having entered or considered the Supplemental Amendment. Accordingly, I request a refund in the amount of \$225.00.

Very truly yours,



Jonathan E. Jobe

Cc: William J. Johnson

APR 11 2006

Doc Code:

PTO/SB/17 (01-06)
Approved for use through 07/31/2008. OMB Control Number 2006-0232U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

225.00

Complete If Known

Application Number	10/823,388
Filing Date	April 12, 2004
First Named Inventor	William J. Johnson
Examiner Name	Marc McDeunel
Art Unit	3681
Attorney Docket No.	022273-000400US

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-203A.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

Fee (\$)

Fee (\$)

Fee (\$)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
92	- 20 or HP = 5	x 25	= 125	50	25
	HP = highest number of total claims paid for, if greater than 20.			200	100

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
10	- 3 or HP = 1	x 100	= 100

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 -	/ 50 =	(round up to a whole number) x	=	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone 619-379-1172
Name (Print/Type)	Jonathan E. Jobe		Date April 11, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
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JONATHAN E JOBE

APR 13 2006 PAGE 04

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office, MAIL
STOP: Amendment, Fax No. 571-273-8300 on 04/11/2006.

By: _____
Jonathan F. Jobe

PATENT
Attorney Docket No.: 022273-000400US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

William J. Johnson
Application No.: 10/823,386
Filed: April 12, 2004
For: SYSTEM AND METHOD FOR
PROACTIVE CONTENT DELIVERY
BY SITUATIONAL LOCATION

Customer No.: 20350

Confirmation No. 3386

Examiner: Marc McDieunel
Technology Center/Art Unit: 3661
SUPPLEMENTAL AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In supplemental response to the Office Action mailed 07/15/2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 19 of this paper.

Adjustment date: 06/30/2006 SFELEKE1
04/13/2006 MBINAS 0000005 10823386
01 FC:2202 -125.00 OP
02 FC:2201 -100.00 OP

04/13/2006 MBINAS 08888885-10823386-
01 FC:2202 125.00 OP
02 FC:2201 100.00 OP

PAGE 4/23 * RCV'D AT 4/11/2006 6:36:13 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/8 * DNIS:2739300 * CSID:8587553388 * DURATION (mm:ss):10-14

Refund Ref #: 0030032810
06/30/2006
Credit Card Refund Total: \$225.00
VISA....: XXXXXXXXXXXX3818